

The Irresponsible Use of Social Media Among Medical Students

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Emergency medicine (EM) remains a competitive specialty,¹ and the residency application process is arduous. Medical students are applying to and interviewing at a record number of programs,² and an additional stressor has been added with the introduction of the standardized video interview.³ Students have, for years, perceived the residency match process as opaque and high-stakes, and the competitiveness of our specialty in tandem with the novel facets of the process may be increasing that stress. The informal sharing of rotation and interview experiences and unpublished program information has always been a source of comfort and clarity to the applicant during this challenging time. The current generation of students is unique relative to their predecessors in that they expect program information to be transparent, detailed, and easily available. Indeed, a gap may exist between what is expected by these applicants and what is provided by the AAMC, medical schools, hospitals, and residency programs. We suspect that such a disconnect between expectations and reality in the midst of a stress-laden process has resulted in unprofessional

coping mechanisms by some students, and these have been immortalized in online digital media.

In recent years, as digital media have permeated many segments of our daily lives, students have turned to online forums such as Student Doctor Network (SDN)⁴ and Reddit⁵ to seek crowdsourced data and a supportive community. During the 2018 to 2019 application season, a shared open-access and freely editable online spreadsheet was utilized by medical students applying for postgraduate training in the United States. The document contained candid reflections on rotations, interviews, rank lists, and anecdotal data from presumed applicants. There are several examples in which students' opinions, frustrations, and dissatisfaction are expressed with sexually explicit, hateful, misogynistic, violent, homophobic, racist, crude, and threatening language.⁵⁻⁷ In addition, there is language that is less vulgar yet still overtly unprofessional and disparaging to schools, residency programs, named individuals, and anonymous coposters. While a majority of these comments were made with "throwaway" accounts, the context in which they appear makes clear

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that authors are indeed medical students and not imposters purporting to be so.

After reading this strong and hurtful language, our community of GME and UME educators in NYC felt shock, disappointment, anger, and embarrassment. The AMA has a clear statement on “professionalism in the use of social media.”⁸ In addition, the Federation of State Medical Boards has set guidelines for social media use.⁹ The students in these forums are clearly in breach of these guidelines. Collectively, we felt a sense of betrayal by individuals whom we will soon welcome into our profession and specialty.

As emergency physicians, we develop a sacred doctor–patient relationship with vulnerable individuals whose circumstances have denied them the benefit of vetting and selecting us. We ask as a foundation of our profession to be regarded by the public as honest, altruistic, kind, caring, and competent, and by the nature of our doctor–patient relationships we are usually afforded those assumptions *prima facie*. Sentiments and language such as those cited in the above document threaten irreparable damage to the foundation of trust upon which our house of medicine rests. While our initial instinct was to defend our venerated profession against the threat posed by the authors of these reprehensible posts (including punitive measures in the event that any authors were actually identified), this reaction gave way to deeper thought and an evolved assessment of the way forward.

The first step is to admit that *we* have a problem, all of us. The medical students at issue are not aberrations. Their aspirations and ideals as well as their anxieties and flaws are no different than ours were. As educators, we are an amalgam of teacher, mentor, parent, and boss. Perhaps, more importantly, we are their vision of their future selves and the models of what they are working to become. It should be no surprise that they pay attention to everything we do and say. They notice every eye roll and every disparaging or otherwise dehumanizing thing we say about unsavory patients or unliked colleagues and bosses as well as our freewheeling and uncensored opinions on our departments, hospitals, and health care system. Our sense of decorum and professionalism dictates that such venting, gallows humor, and other statements and behaviors not fit for public consumption occur in safe places. For us, this has meant call rooms, secluded hallways, “doc boxes,” and other situations where it is “just us.” The current generation of medical student doesn’t communicate like that. They tweet, post, and blog. The 21st century analog of

speaking at low breath in closed company is the “anonymous post.” We acknowledge that the anonymous authors of the offensive material have “turned the lights on in the room” and exposed the dark secrets that have been the “gallows humor” and ugly underbelly of medicine. Their actions have caused us to acknowledge that none of us are the flawless beings that society presumes us to be. We resolve that each of us need to be better: better in the way we speak to and about our patients, better in the way we speak to and about each other, and better in the ways we accept frustrations, prejudices, and injustices as the price of admission into this honored profession.

We accept that lashing out is a function of the anxiety brought about by being involved in a match process that seems inherently flawed, unfair, and arbitrary. While unthinkable upon our initial discovery of the document, our dominant reaction now is one of reflection and a path forward. We recommend the inclusion of social media professionalism in medical student curricula with a specific focus on such behavior during the match process. We urge all those in medical student and residency leadership not only to actively discourage such conversation but also to directly address issues of professionalism with trainees. This type of language should not be tolerated at any level. We call upon medical schools, residency programs, and other stakeholders to actively seek out evidence of betrayal of professional standards and basic virtue within their spheres of influence. Once discovered, we further call on that righteous majority to aggressively condemn such content and also to identify, understand, educate, and reform those who create it, for there is no place for hate, xenophobia, or vitriol in a just society, let alone among our venerated profession.

The ALL NYC EM Board is composed of Mark Curato, Abbas Husain, Kaushal Shah, Marc Kanter, Daniel Egan, Holly Thompson, Mark Silverberg, Michael Jones, Laura Melville, Sally Bogoch, Anand Swaminathan, Jennifer Beck-Esmay, Thomas Nguyen, Tina Dulani, Elizabeth Fernandez, Frosso Adamakos, Geoff Jara-Almonte, and Pinaki Mukherji. All NYC Emergency Medicine Conference, Inc., is a 501(c)(3) nonprofit organization dedicated to the education of emergency medicine residents and is managed by our board of dedicated EM educators from the greater NYC area.

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